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In this issue

Implant bleeding: act, don't procrastinate

A common problem with etonogestrel contraceptive implants is irregular bleeding, for which women are often unprepared despite adequate pre-insertion advice. Dickson *et al.*'s commentary is a useful summary of management options. It will refresh readers' ability to deal with this problem and it's a reminder to avoid 'watchful waiting', which risks women losing confidence in this highly effective contraceptive method. *See page 158*

HPV vaccination for girls with neovaginas

The term 'neovagina' may be unfamiliar to readers. Girls and young women with a range of genital tract anomalies may have a neovagina fashioned by non-surgical or surgical methods. Hernon *et al.* advise that all such girls should be offered HPV vaccination as in the general population, and that they should be included in HPV screening programmes when these are introduced. *See page 161*

Jaydess®: a smaller, lower-dose IUS

In their introduction to this new levonorgestrel intrauterine system (LNG-IUS), Melvin *et al.* review the evidence of its effectiveness and benefits. With its smaller size compared to the existing LNG-IUS, its narrower inserter and its lower progestogen content and release rate, Jaydess is likely to be a useful addition to the available range of long-acting reversible contraceptives. However, data on its use in the groups of women for whom it would appear to be most suitable are still awaited. *See page 165*

Sex-related contraception: the 'pericoital' pill

While condoms have the dual benefit of contraception and protection against STIs, many women feel more confident with additional hormonal contraception. However, women who have sex infrequently may not want to use hormones continuously. Chin-Quee *et al.* explored African women's interest in a coitally-dependent pill. Possible side effects and safety were a concern, but a significant number stated that they would consider using a pericoital pill if it became available. However, cost and availability are likely to be restricting factors. *See page 170*

Postpartum contraception: midwives' experiences and views

NICE guidelines advise that contraception should be discussed with new mothers within a week of birth, but when interviewed by Cameron *et al.*, midwives revealed that they considered contraceptive advice to be a minor part of their role and that they felt inadequately trained to provide more than cursory information. They had concerns about taking on additional training, particularly for provision of contraceptive methods. This is an area where SRH services could provide valuable training and support. *See page 177*

Emergency contraception: improving practice

Our three articles on emergency contraception (EC) highlight areas where practice could be modified for the benefit of users, particularly in the avoidance of immediate further pregnancy. Looking at 'quick starting' hormonal contraception after EC in an integrated SRH clinic, Simpson *et al.* found that following publication of national guidelines there was only a modest increase in women receiving such advice. They advocate increased training of practitioners and increased motivation of clients to consider hormonal contraception, particularly as few women followed advice to return for ongoing contraception.

Mitchie *et al.* surveyed women buying progestogen EC at pharmacies. While ongoing highly effective contraception may be provided for women attending GPs or clinics for EC, pharmacists can only provide condoms. 64% of those surveyed agreed that it would be helpful if pharmacists could provide a short supply of a progestogen-only pill with the EC.

Finally, although copper IUDs are the most effective form of EC and provide excellent ongoing contraception, they are rarely used, particularly for young nulliparous women. Akintomide *et al.* looked at the provision of IUD-EC for 103 teenagers in their three clinics and found very few problems with insertion or continuation. They suggest that with STI screening and appropriate antibiotic prophylaxis, use of IUDs for EC in teenagers could be unrestricted, as it is for older women, and that this method should be considered more often. *See pages 184, 190 and 196*

Does dual method contraception influence STI risk?

It is well known that the major burden of STIs and unintended pregnancy is borne by

the young. Concern remains that promotion of the use of condoms and hormonal contraception together ('dual method') could lead to reduced condom uptake and resultant increased STI risk. Hood *et al.* surveyed and screened almost 1500 young people, identifying differences in STI prevalence and condom use. Reassuringly, the results showed that 'condom only' and 'dual method' users did not differ significantly in terms of STI prevention and consistency of condom use. *See page 200*

Contraceptive use and HIV serostatus

Brahmbhatt *et al.*'s 10-year study in Uganda found an increase in dual use of hormonal contraception and condoms over time. Higher education and scaling-up of HIV care services were key determinants of contraceptive use by couples. In settings with high fertility and HIV rates the authors conclude that integration of HIV and reproductive health services is critical. *See page 208*

Polycystic ovarian syndrome made easy

Polycystic ovarian syndrome (PCOS) is common, but its management can be confusing for clinicians. This excellent and innovative review uses ovarian biology to describe a strategy to assist understanding and explanation of PCOS. This approach can be used effectively both to help practising clinicians to understand the condition better and as an aid to teaching trainees and students. *See page 217*

Ethyl chloride spray for implant insertion?

In this article in our 'Better Way of Working' series, Shefras *et al.* describe their introduction of ethyl chloride spray for local anaesthesia for subdermal implant insertion. They conclude that use of the spray has the potential to improve quality of care, patient choice and productivity, and that it may offer clinical advantages and cost savings. *See page 226*

Comfort in communication

Talking with patients about any sexual topic can be challenging, and practical strategies and skills for communication are always useful. However, when our Consumer Correspondent explored what constitutes best practice, she concluded that the single idea of 'comfort' was the most important concept both for clients and for health professionals. *See page 229*